



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Nursing Home
Name of provider:	Aras Mhuire Nursing Home Company
Address of centre:	Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	12 December 2025
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0048634

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Aras Mhuire Nursing Home is a registered charity and is operated by a voluntary board of directors. It is a single storey building that was first built in 1971 and is located on the grounds of Listowel Community Hospital in Co. Kerry. Residents are accommodated in twenty eight single bedrooms and six twin bedrooms, eight of which have en suite facilities. There is a conservatory at the main entrance, a large sitting room, a relaxation room and a visitors' room. There is also a small oratory that residents can use for prayer or for periods of quiet reflection. There are two secure outdoor areas, both of which are readily accessible to residents. The centre is registered to accommodate 40 eight residents and provides 24-hour nursing care to residents that are predominantly over the age of 65 years. The centre does not provide a respite service and most residents are long-stay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 12 December 2025	09:50hrs to 18:00hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

Overall, residents told the inspector that they were happy living in Áras Mhuire Nursing Home, and they were well supported by a team of staff who knew them and their individual needs and preferences well. The inspector met several residents and spoke to 14 in more detail, as well as four visitors. One resident told the inspector that "we are very happy here", another that it was an "unreal nursing home", and another resident said "it's home from home" and "I couldn't praise it enough". Residents praised the staff in the centre describing them as "marvellous", "lovely", "brilliant" and "fantastic". Visitors were observed coming and going during the inspection and those who spoke with the inspector were very positive in their feedback with one visitor saying that the "care is fabulous here".

On arrival to the centre the inspector met the clinical nurse manager (CNM) for an initial walk around, before completing an introductory meeting with the person in charge and CNM. There were 39 residents living in the centre, and one resident was moving in to the service on the day of inspection. The centre was seen to be warm, welcoming and well-decorated throughout for the festive period.

Áras Mhuire Nursing Home is a single storey premises, located in the grounds of Listowel Community Hospital, registered to provide accommodation for 40 residents. The centre had been constructed in 1971, and had been updated and extended over the years. The centre has 28 single bedrooms and six twin rooms. Eleven of those rooms are ensuite, and the remaining residents had access to five communal toilets and four communal showers. Residents' bedrooms were homely and were personalised with photographs, art and other meaningful items. Bedrooms had call bells, a wardrobe, bedside locker, seating and a television. Bedrooms that were not ensuite were equipped with a sink. All the bedrooms met the requirements of the regulations. However, as identified on previous inspections 14 of the single bedrooms in the centre were small in size and were unable to safely accommodate assistive equipment, such as a hoist, and therefore were only suitable for residents who were mobile. This was clearly documented in the centre's statement of purpose. One resident told the inspector that she was hoping to get an ensuite bedroom in the future as the bathroom was very far away and this bothered her particularly at night. The inspector spoke to members of the board of management and saw plans that indicated this was actively being addressed.

The entrance to the centre led into a conservatory with a seating area that was also home to the centre's pet parrot. Residents also had access to other communal areas including a large dayroom, relaxation room, dining room and prayer room. The centre was decorated to a high standard throughout and had a relaxed, homely atmosphere. The prayer room had comfortable seating, stained glass and an altar donated from a local convent and was a peaceful space for residents. The dining

room had recently been used to host a beautiful exhibition of residents' art work and this was still on display during the inspection.

Residents had access to two secure outdoor areas. There was a well-maintained internal courtyard with seating and a sensory garden at the front of the centre. The garden was accessed by a keycode, which was displayed next to the door. One resident was leading a project to upgrade this area, new concrete footpaths had been put in place and flowerbeds had been laid out and planted with spring bulbs. Birdtables and feeders were set out in the garden. A local artist had created a colourful mosaic to celebrate the garden, and the inspector was told this would be part of a larger display when completed.

The inspector observed care at various times throughout the day of inspection. Call bells were answered promptly and one resident said that staff "come very fast" when called. It was evident on observation that staff knew residents well and interactions between staff and residents were seen to be kind and person-centred. Residents told the inspector that they felt safe living in the centre, and that they were comfortable raising issues with staff or with the person in charge if needed. Residents said that they could choose how to spend their day and that they enjoyed the activities in the centre. The inspector saw that activities were scheduled seven days a week, five times a day with two activities staff rostered on each day. This gave residents a greater range of activities to choose from as well as the opportunity to choose when to participate. In the morning, the inspector observed a number of residents in the dayroom enjoying a ball game while a second group of residents were in the relaxation room having tea and listening to music. In the afternoon, two local musicians attended the centre and the residents took part in a lively singsong with chat and reminiscence in between songs.

There was a minibus available to residents, and on the day of inspection a resident had been facilitated to attend local day services. Residents had also availed of it for days out including one-to-one trips, as well as group outings to the aquarium, a hotel and the flying boat museum which one resident said she had greatly enjoyed. A trip to the garden centre had been planned for the following week.

Lunchtime took place at approximately 1pm, the inspector observed that the dining experience was relaxed and sociable, with residents chatting both with each other and staff. Tables were laid and a selection of drinks were available. Menus were displayed on each table and the food served appeared wholesome and appetising. Residents could eat in the dining room, their own bedrooms or another communal area if they chose to do so. Staff were available to assist residents as needed, and were seen to do so in a discreet and unhurried manner.

The following sections of this report present the findings of this inspection in relation to governance and management arrangements in the centre, and how these impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this was a well-managed centre where residents were supported to have a good quality of life, with effective systems in place to ensure the service provided was safe, appropriate and effectively monitored. This was an unannounced inspection, carried out by an inspector of social services over one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended.

Áras Mhuire Nursing Home Company is the registered provider of Áras Mhuire Nursing Home. The company is a registered charity with a board of 10 directors who work in a voluntary capacity. One of the directors attended the centre in person for feedback at the end of inspection. The board of management included all directors and the person in charge. The person in charge had been in post for 11 years and had a good knowledge of the regulations and their responsibilities. They were well known to residents in the centre. They were supported in their role by an assistant director of nursing, CNMs and a team of healthcare assistants, activity coordinators, chefs, catering, housekeeping, administration and maintenance staff. The management structure was well defined with clear lines of authority and accountability. Staff that the inspector spoke with were aware of their roles and responsibilities.

Effective systems were in place to oversee the provision of a safe service. A comprehensive programme of audits for topics including people moving and handling, medication management and call bell response times was undertaken. All audits seen had been analysed and actions identified when needed. The annual review of the quality and safety in the centre had been completed with input from residents surveys. A number of quality improvement programmes had been identified.

On the day of inspection the number and skill-mix of staff appeared to be appropriate to meet the assessed needs of the residents. Residents were seen to receive support in a timely and unhurried manner throughout the inspection. The inspector noted from staff meeting minutes during the year that when staff had raised concerns regarding the increased dependency levels of residents this was acknowledged. The inspector was told that as a result staffing had been increased in areas including care staff and catering.

There was good oversight of training in the centre and all mandatory training had been completed. The person in charge had ensured that staff were facilitated to engage in additional training such as a human rights-based approach, in order to support staff to deliver care. The nurse management team had a on-call rota for the centre and the person in charge had ensured there was adequate clinical supervision on a day-to-day basis.

All Schedule 5 policies and procedures were made available on inspection. The inspector saw that all policies had been updated with the necessary timelines. The

inspector reviewed a sample in detail and found that they contained the information required by the regulations.

Complaints records were maintained on a paper based system. A sample of records were reviewed and the inspector saw that complaints were investigated and actioned appropriately. Where appropriate a written response was given in line with the centres' policy. The complaints procedure met the requirements of the regulation and was displayed prominently in the centre's dayroom and on their website.

Regulation 15: Staffing

On the day of inspection there was a sufficient skill-mix and number of staff to meet the assessed needs of the residents. The inspector was told that residents' dependency levels had increased in the centre and staffing levels had been increased to reflect this.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector saw that staff had access to appropriate training in the centre and there were effective arrangements for supervision in place.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the centre, it included the information specified in Schedule 3 of the regulations such as details relating to admission and transfers.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a clearly defined management structure in place, and effective management systems to ensure that the service provided was

safe, appropriate, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre completed with relevant quality improvement plans and this was available to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure included the information required in the regulations and was prominently displayed, both in the centre and on the centre's website. A sample of complaints was reviewed and the inspector saw that all complaints had been actioned and followed the centre's complaints policy and procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 policies and procedures were made available for inspection. Policies had been updated within the required timelines.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents' rights in this centre were upheld and they were supported to have a good quality of life. A human rights-based approach to care was actively promoted in the centre.

The inspector spoke to a number of residents who said they felt safe living in the centre and were happy to report issues to staff or the person in charge if needed. Staff were up-to-date with safeguarding training. The person in charge had completed the Health Service Executive (HSE) Safeguarding Self-Audit Tool and had identified areas for improvement including further training for CNMs on decision making representatives (a person who is appointed to make decisions on a persons behalf if they are unable to do so). The person in charge promoted a "never say no to a resident" culture within the centre, and the inspector saw this highlighted in staff meeting minutes.

The person in charge had ensured that meals, refreshments and snacks were offered at reasonable times throughout the day. Residents were seen to have choice at mealtimes and meals appeared wholesome and nutritious. The inspector saw that the kitchen was clean and well stocked. The inspector spoke with the chef who was knowledgeable about the preparation of specific diets and the dietary needs of residents. Residents' nutritional assessments had been completed and their needs and preferences were documented in their care plans.

A sample of care plans were reviewed and found to contain validated assessment tools to inform care planning for residents. Care plans were completed within 48 hours of a person's admission to the centre and updated when needed or at intervals not exceeding four months. The information contained was very person-centred and detailed enough for staff to deliver individualised care. Input from medical and health care professionals was incorporated into care plans. A comprehensive assessment of residents' needs was completed prior to assessment. This assessment form had recently been updated to bring it into alignment with a human rights-based approach to care following the FREDA principles (Fairness, Respect, Equality, Dignity and Autonomy).

Residents had good access to medical and health care services. General practitioners (GPs) attended the centre regularly. Referral to health and social care professionals, such as physiotherapy and occupational therapy, was facilitated through the General Medical Services (GMS) scheme. Residents who wished to access these services privately were also facilitated to do so. Referral to specialist services such as the Integrated Care Programme for Older People (ICPOP) and mental health services was also supported.

Medicinal products were found to be stored securely in the centre. A sample of medication administration charts were seen to include relevant information as well as photographic identification. A medication fridge was securely stored and a daily record of temperature checks was seen and temperatures were maintained within the recommended range.

Residents had access to a range of media in the centre including television, radio and newspapers. The inspector noted from resident meeting minutes that the wireless internet had been upgraded and residents had access to laptops, tablets and smartphones. Residents' meetings were held regularly and there was a residents committee active in the centre. The inspector spoke with the chairperson of the committee who was very positive about the standard of management and quality of care in the centre. Mass was streamed daily and took place in the centre once a month. Contact information for a number of religious organisations was seen to be displayed on the notice board in the dayroom. The inspector saw that activities were scheduled seven days a week and there was a minimum of two activities staff scheduled each day. There was a diverse and varied number of activities on offer to meet the needs and interests of residents.

Regulation 17: Premises

The premises were kept in a good state of repair, and were clean and well-decorated. The provider had ensured that the premises were appropriate to the number and assessed needs of the residents in the centre on the day of inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed that residents were offered choice at mealtimes, and mealtimes and refreshments were provided at reasonable times. There were enough staff available to assist residents at mealtimes, and they were seen to do so in a respectful and unhurried manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicinal products in the centre were stored securely. Medication administration documentation contained the required information and there were systems in place for the disposal of medicinal products that were out of date or no longer required by residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that they were prepared within 48 hours of the residents' admission, and reviewed in a timely manner as required by the regulations. Comprehensive assessments of residents' needs were completed before or on their admission to the centre. Care plans were detailed, person-centred and informed by validated assessment tools.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical care and GPs visited the centre each week. Residents had access to a range of health and social care professionals and specialist services. They were supported to access these through the GMS scheme or privately if requested.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff in the centre were up to date with safeguarding training. Residents told the inspector they felt safe living in the centre. A "never say no to residents" approach was actively promoted in the centre by the person in charge which encouraged staff to support residents' rights.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and encouraged to exercise choice about how they lived. Residents had access to newspapers, internet, television and other media. There was an active residents committee and residents were consulted about and participated in the organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant